

AVIAN PERMIT FORM

Permit Valid for 15 days from date issued.

Permit Number: _____

Date of Permit: _____

Name & Address of Owner (Origin of Bird/s)				Name & Address of Bird(s) Destination			
TEST(S) if Applicable							
TESTED FOR: _____		DATE: _____		LAB: _____			
ANIMAL IDENTIFICATION							
BIRD(S) IDENTIFICATION (if applicable)	BIRD(S) DESCRIPTION	COLOR	AGE	SEX	SPECIES (TYPE OF BIRDS)	NUMBER OF BIRDS	TEST(S) RESULTS (if applicable)

Shipper/Consignor certification: I certify as the shipper/consignor, that the above described bird(s) have been inspected by me and have not originated from or have been near or transited through counties containing avian species diagnosed with **EXOTIC NEW CASTLE DISEASE**. " I certify to the best of my knowledge that this/these bird(s) originate(s) from a flock that does not show any signs of illness. I agree to notify my veterinarian if this/these bird(s) or any flockmates become ill after the time this examination has been made, or before this Avian Permit expires."



Shipper/Consignor (PLEASE PRINT)

Shipper/Consignor (SIGNATURE)

Shipper Address (PLEASE PRINT)

Date Signed